**Tricare for Kids **

**NDAA FY2022**

Tricare for Kids led or actively supported efforts on the following provisions which were included in the National Defense Authorization Act for FY 2022:

**Reports and Items of Special Interest**

Several of the major issues of concern for the Tricare for Kids Coalition this year were able to be addressed in report language in the House and Senate Bills. These reports are critical to be completed in a thorough and timely manner and the Coalition appreciates the Committees forecasting their intent for continued oversight.

**Determination of Eligibility for Adult Incapacitated Children of Service Members.**

Directs the Secretary of Defense to submit a report to the Committees by February 2022, that includes the following:

• revised guidance for financial determinations and consistent medical standards for all

military services to use in determining dependency status.

• consistent and appropriate application of the Family Unit Rule which assigns “shares” of cost

• clarification of the definition of a nondependent family member and circumstances under which nondependent family members should be considered for Exceptional Family Member Program

• clearly defined oversight responsibilities for the incapacitated adult child dependency process, including the consistent tracking, monitoring, and reporting of reliable data on incapacitated adult child dependency applications and determinations across the military services for use in data-driven decision-making

• the status of other recommendations as reported in GAO Report 20-335.

The June 2020 GAO report made clear what the Coalition has been concerned about for the last several years, that Adult Incapacitated Child dependency determinations have been negatively impacting military families with overly burdensome, inconsistent, and punitive policies and requirements.

**Impact of Mental Health Copays Report.** Report to the Committees that includes an analysis comparing the utilization rates of outpatient mental health visits and physical, speech, and occupational therapy visits by beneficiaries before and after copays increased in 2018.There is consensus among policymakers and stakeholders that mental health care should be easily accessed and incentivized, yet there remain obstacles. Therefore, it is incumbent upon the department to identify and correct any unintended consequences that may be comprising barriers to care.

**Access to mental health care**

Directs the Secretary to brief the Committees by February 1, 2022, on actions taken to address significant barriers to accessing mental health care in DoD. The committee expects the

DoD to develop a plan to ensure that when beneficiaries are referred for mental health care they receive direct assistance in identifying appropriate mental health providers within the direct care system or TRICARE network, confirming the availability of the service with a particular provider within access to care standards, and securing the initial appointment for the beneficiary. Again, there is consensus among policymakers and stakeholders that mental health care should be easily accessed and incentivized, yet there remain obstacles.

**Continuity of care in TRICARE's Extended Care Health Program.** Directs DHA to provide a briefing to the Committees by March 2022 that assesses and/ or describes:

• feasibility of continuing certain ECHO services initiated at the previous duty station for up to 6 months when PCS’ing;

• degree to which the Department prioritizes or fast-tracks specialty care referrals after a PCS to ensure continuity of care;

• feasibility of using virtual health services as a method by which ECHO case managers can better provide continuity of care;

• average wait-time for an ECHO family to receive a medical specialty care referral after a PCS;

• barriers that may exist that delay receiving timely medical specialty care.

The Coalition made many improvements in last year’s NDAA, and continues to advocate for more flexible, meaningful improvements to the ECHO program, including the elements to be addressed in the briefing required by this provision. TFK also encourages the Committees to hold this briefing in a hearing that includes representation of EFMP and ECHO families, and not just a written report.

**Virtual health expansion.** Brief Committeeson efforts to increase and improve virtual health and telemedicine services available to servicemembers and their families and the resources needed to make those services more readily available. The briefing shall include lessons learned

and virtual health and telemedicine best practices captured by the DoD and private sector health care systems during the global pandemic, as well as any recommendations on resources required to ensure that servicemembers and their families stationed at installations can fully utilize those services.

**NDAA Legislative Provisions**

The following provisions were included in legislative language:

 **Temporary one-year halt to military medical billet cuts:**This NDAA provision requires a Government Accountability Office (GAO) evaluation on the DoD analyses used to support any reduction or realignment of military medical manning. The Coalition is concerned that billet cuts, which would have included cuts to pediatricians and other pediatric providers, negatively impact families’ access to care, as well as the provider pipeline, exacerbating existing pediatric provider shortages.

**Support for mental health appointment scheduling:**Consistent with recommendations from the DoD Inspector General report and other studies on access to mental health care, this provision requires a minimum one-year pilot to provide direct assistance to beneficiaries with mental health appointment scheduling for both direct and purchased care components of the military health system.

**Improvements to the Exceptional Family Member Program**. Expands the role of the EFMP case management office to include verification of housing and school suitability for EFMP families, expand the size and membership of the advisory panel on community support for military families with special needs, and require an offer of at least two suitable locations to covered members who receive permanent change of station orders.

**Autism care demonstration program:** The bill requires an independent analysis by the National Academies of Sciences, Engineering, and Medicine on the effectiveness of the Autism Care Demonstration. Families and providers have reported major concerns with significant changes implemented earlier this year, and troubling disruptions in care in an already challenging environment.

**Improvement of postpartum care for members of the Armed Forces**

**and dependents**. The bill makes important improvements to postpartum care within the military health system including access to mental health screening and pelvic floor assessments and physical therapy, and a pilot program to evaluate the effect of concurrent scheduling of appointments for postpartum care with appointments for well-baby care, to the

degree clinically appropriate. High quality post-natal care is critical for the health and well-being of mothers and can also have an impact on the health outcomes for newborns.

**Addition of preconception and prenatal carrier screening coverage**. The bill allows Tricare coverage of preconception and prenatal carrier screening tests for certain medical condition.

**Eating disorders treatment.** This provision expands access to residential eating disorders care for active-duty military family members over the age of 20.

**Basic Needs Allowance**. While TFK does not typically engage in pay issues, this provision was included specifically to address concerns of food insecurity in military families. The Coalition has learned over the last few years that military family food insecurity is a major obstacle to the health and wellbeing of military families, with the pandemic having only exacerbated the problem. A recent study showed that children experiencing at least one adverse childhood experience, which can include food insecurity, are at higher risk of poorer mental health and even physical health conditions well into adulthood. A recent survey of military teens revealed a large number have concerns about their families’ ability to have food on the table each day. The final provision was not the preferred language; it places a burden on the servicemember to apply for increased payments, which fails to understand and prevent stigma around seeking assistance, but it is a step forward.

**Expansion of Parental Leave for Members of the Armed Forces:** TFK appreciates the inclusion of this section to expand primary and secondary paid parental leave forservice members to 12 weeks, aligning with the current paid parental leave benefit for federal employees.

Paid leave allows parents to bond with their baby during the critical first weeks of life and helps to establish healthy relationships.